

State of Washington

Department of Retirement Systems

Name/Address Change

Department of Retirement Systems
PO Box 48380
Olympia, WA 98504-8380
Toll Free: 1-800-547-6657
Local: 360-664-7000
TDD: 360-586-5450
Return completed form to DRS

To be completed by inactive members, retirees and beneficiaries receiving benefits. **Active members: Update your address through your employer(s).**

Section One: Identification -- Please complete in full. Type or print in dark ink.

Last name		First name		Middle name		Maiden name		
Retirement System -- check appropriate box(es)				Daytime Phone		Social Security Number of Member/Retiree		Sex
<input type="checkbox"/> Public Employees <input type="checkbox"/> Plan1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3				()				<input type="checkbox"/> M
<input type="checkbox"/> Teachers <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3								<input type="checkbox"/> F
<input type="checkbox"/> Law Enforcement Officers & Fire Fighters <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2				Evening Phone		Member Status (Deferred Compensation participants skip to next section.) <input type="checkbox"/> Inactive <input type="checkbox"/> Retired <input type="checkbox"/> Beneficiary		
<input type="checkbox"/> Judges				()				
<input type="checkbox"/> Judicial								
<input type="checkbox"/> State Patrol <input type="checkbox"/> Plan1 <input type="checkbox"/> Plan 2				Birthdate MM/DD/YYYY				
<input type="checkbox"/> School Employees (non-teachers) <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3								
<input type="checkbox"/> Deferred Compensation Program								

Section Two: Name Change -- Complete only if your name has changed.

Old Name	Last	First	Middle	Effective date of name change
New Name	Last	First	Middle	MM/DD/YYYY

Section Three: Address Change -- Complete only if your address has changed.

Inactive Plan 3 members, beneficiaries receiving benefits and/or their ex-spouses should update their addresses through ICMA Retirement Corporation (1-888-711-8773).

Old Address	Street -- P.O. Box		
	City	State	Zip
New Address	Street -- P.O. Box		
	City	State	Zip
	Effective date of address change		
	MM/DD/YYYY		

Section Four: Certification

Note: If this form is completed by anyone other than the person identified in Section One, a copy of either the power of attorney or court-appointed guardianship papers must be provided before the name or address will be changed.

I certify that my name or address was changed as shown above.

Signature

Date

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize DRS to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.